

Institutionalizing Social Prescribing in Thailand

A Whole-of-Society Approach
to Non-Communicable Diseases
& Mental Wellness



Executive Summary: The Thailand Model



The Challenge

Dual threat of an Aging Society and NCD burden. Hypertension prevalence is at 25%.

The Solution

Utilizing 1.05 million Village Health Volunteers as 'Link Workers' to bridge clinics and communities.

The Evidence

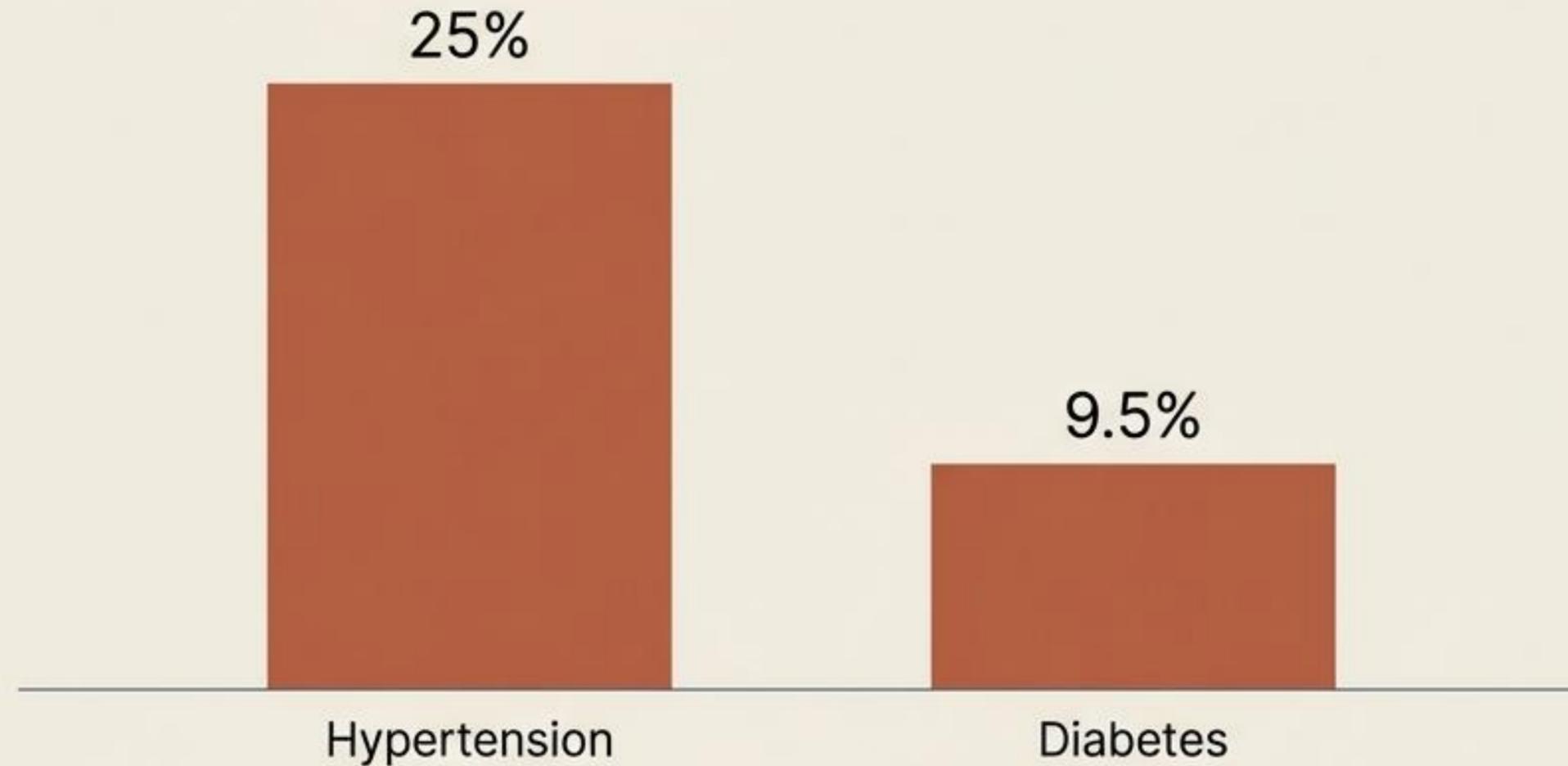
Structured Community Referrals reduce ER visits by 15-20% and protect against clinical depression.

The Future

Scaling through digital integration and the 'Wellness Economy'.

Thailand Faces a Dual Threat of Aging and Chronic Disease

As the population ages, the burden of Non-Communicable Diseases (NCDs) is outpacing the capacity of traditional clinical care.

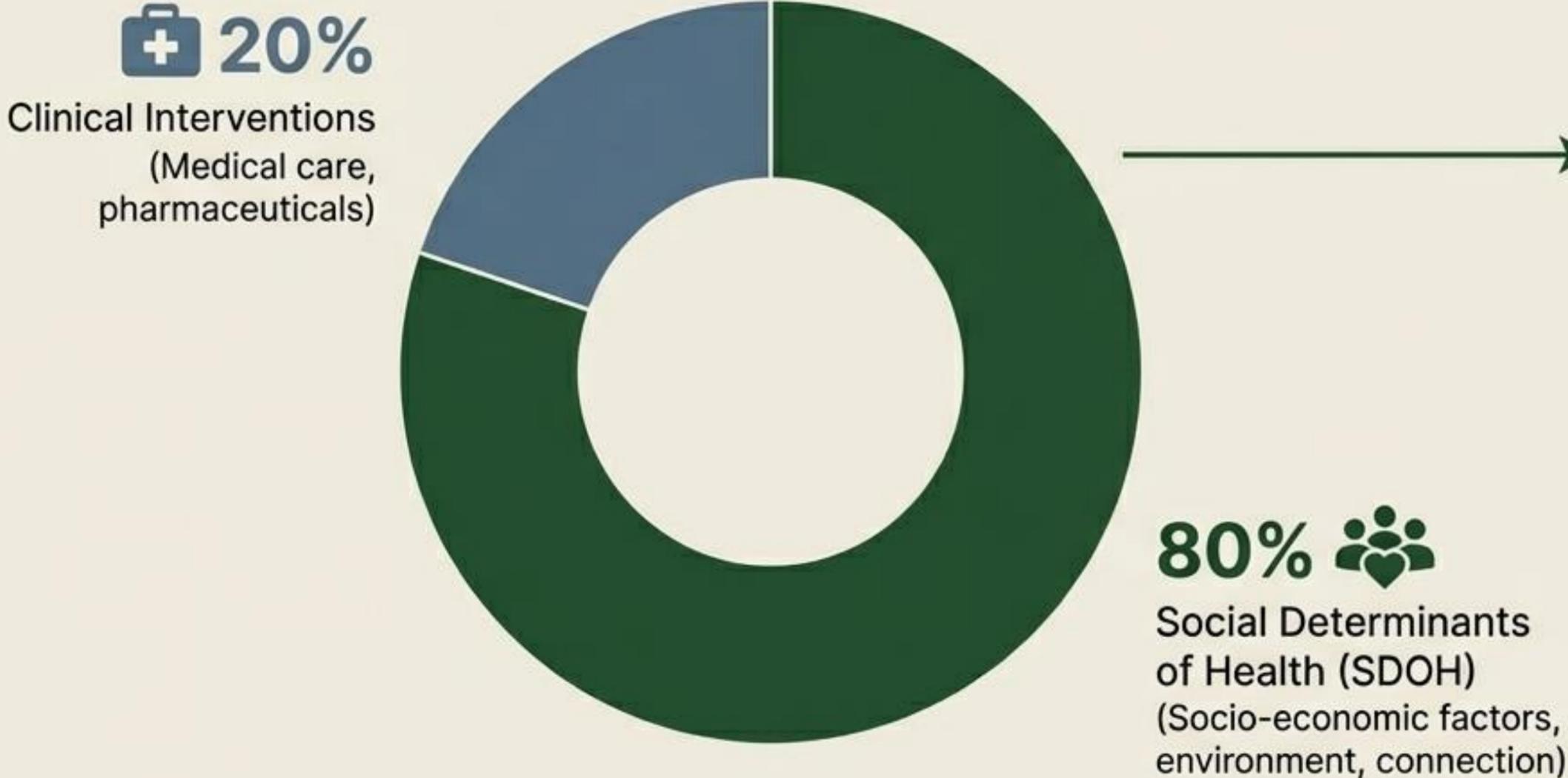


Data: 6th Thai National Health Examination Survey (NHES VI)



Clinical Intervention Only Addresses 20% of Health Outcomes

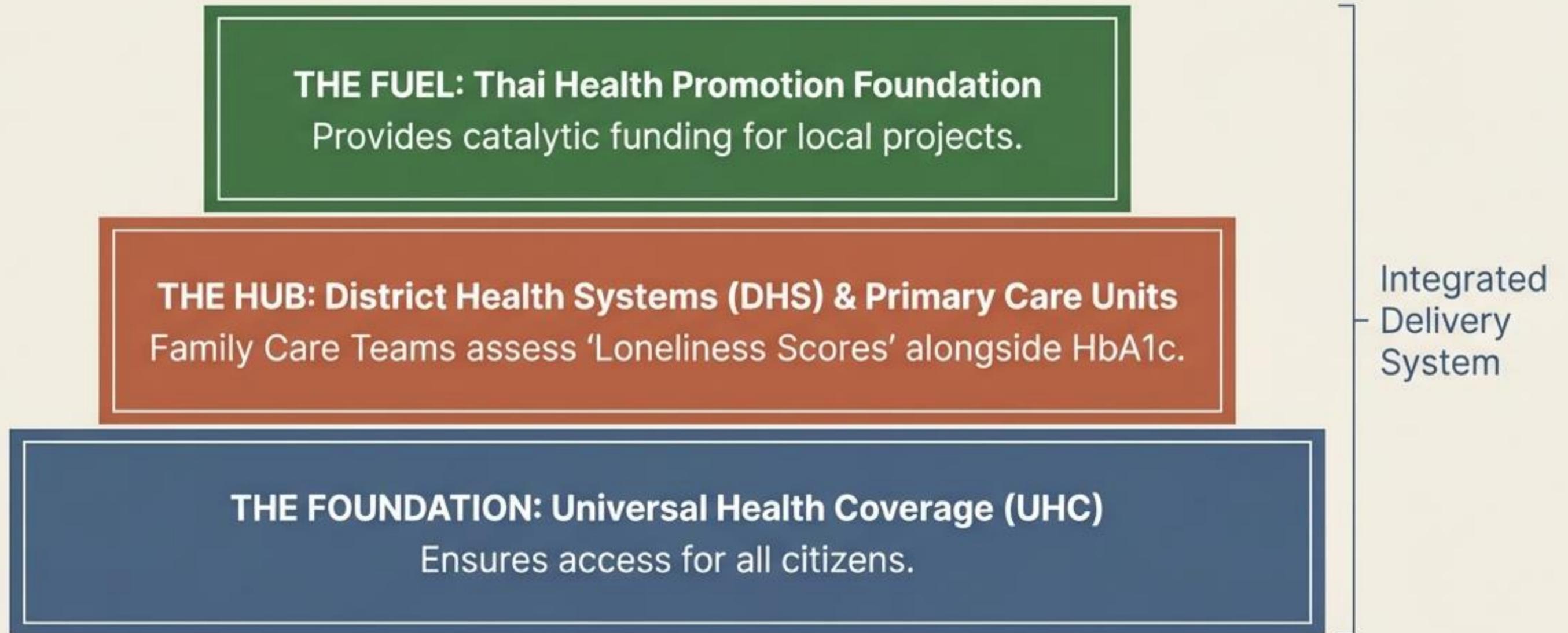
Social Prescribing is not a luxury; it is a clinical necessity to address the missing 80%.



The Strategic Gap:
Addressed by
Social Prescribing



A 'Whole-of-Society' Infrastructure Operationalizes Social Health



1.05 Million Village Health Volunteers Act as the System's "Link Workers"



1:15

Approximate ratio of volunteers to households.



IDENTIFY: Locate vulnerable individuals at the household level.



BRIDGE: Act as the referral mechanism between the clinical hub and community support.



MONITOR: Track social isolation as a risk factor.



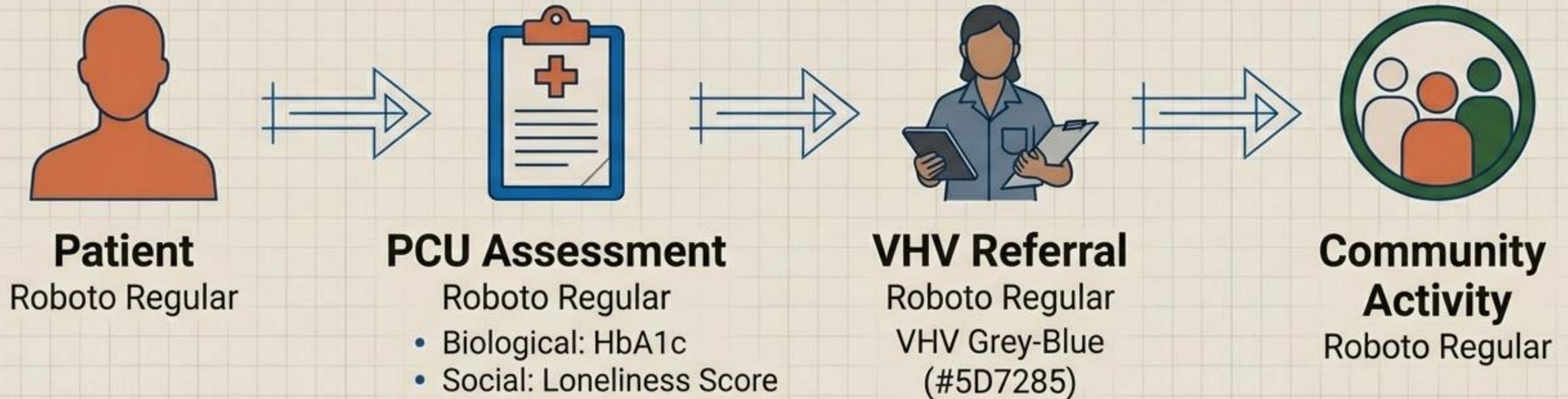


The Engine: 1.05 Million “Link Workers”

- ✓ **Local:** Neighbors serving neighbors.
- ✓ **Trusted:** Deep community integration.
- ✓ **Trained:** The bridge between household and hospital.

Role: Identifying vulnerable individuals invisible to the hospital system.

How the Prescription Works: From Assessment to Connection



“Patients are not just sent home; they are connected by VHVs to specific local resources.”

Moving From Hobbies to Structured Community Referrals

Community Exercise Groups

- **Target:** NCD Patients
- **Goal:** Physical management
- **Activity:** Group aerobics, stick exercises.

Active Aging Clubs

- **Target:** Elderly (60+)
- **Goal:** Mental stimulation & mobility
- **Activity:** Social gatherings, cognitive games.

Urban Gardening

- **Target:** Low-income & Mental Health needs
- **Goal:** Food security & stress reduction
- **Activity:** Community plots, nutritional education.



Urban Gardening as a Clinical Strategy for Mental Wellness

Source Focus: Cultivating Wellness

Target Population: Low-income individuals and those with mental health needs.

- **Physiological Mechanism:** Reduces cortisol and stress levels.
- **Psychological Mechanism:** Improves nutritional literacy and food agency.
- **Clinical Impact:** Broader community engagement reduces the risk of clinical depression by nearly 30% post-diagnosis.



Intervention:
Community Exercise
Groups

Target:
NCD Patients

Prescription:
Structured Daily Movement

Outcome:
Avg 5-10 mmHg reduction
in Systolic BP

The Pharmacy of the Community: Exercise as Medicine



Intervention:
Active Aging Clubs

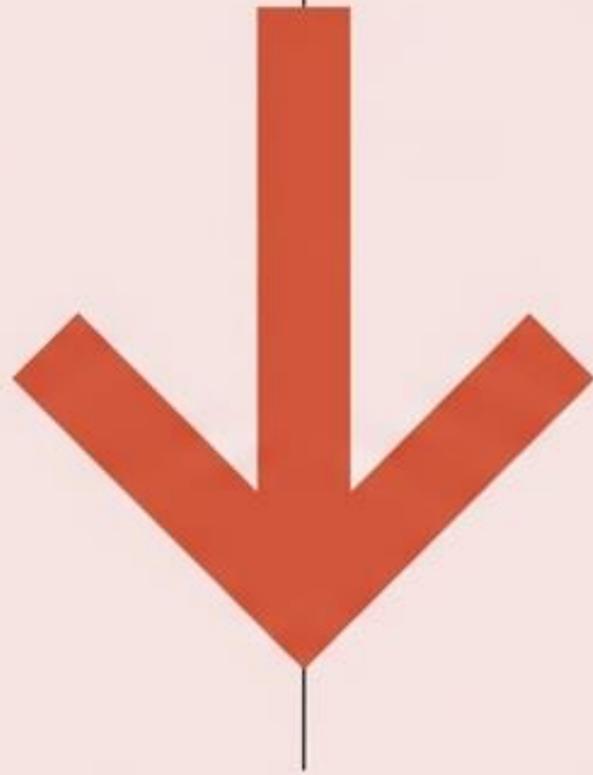
Target:
Elderly (60+)

Prescription:
Peer Support & Social
Interaction

Outcome:
Significant decrease in
Geriatric Depression Scale
(GDS) scores

Combating Isolation through Active Aging Clubs

Quantifying the Social Return on Investment (SROI)



Reduced Hospital Burden

15-20% Reduction

in ER visits for elderly chronic patients
enrolled in peer support



Increased Resilience

30% Lower Risk

of clinical depression post-NCD
diagnosis (Dept of Mental Health)

Physical Movement as Medicine for the Elderly

Community Exercise Groups

- 5 to 10 mmHg

Average reduction in Systolic Blood Pressure

Improved BMI outcomes.

Active Aging Clubs

↓ GDS Scores

Significant decrease in Geriatric Depression Scale scores for patients 60+.



Quantifying the Social Return on Investment

Community engagement acts as a measurable “Protective Factor”.



15-20%

Reduction in ER visits and re-hospitalization for elderly patients in peer support.



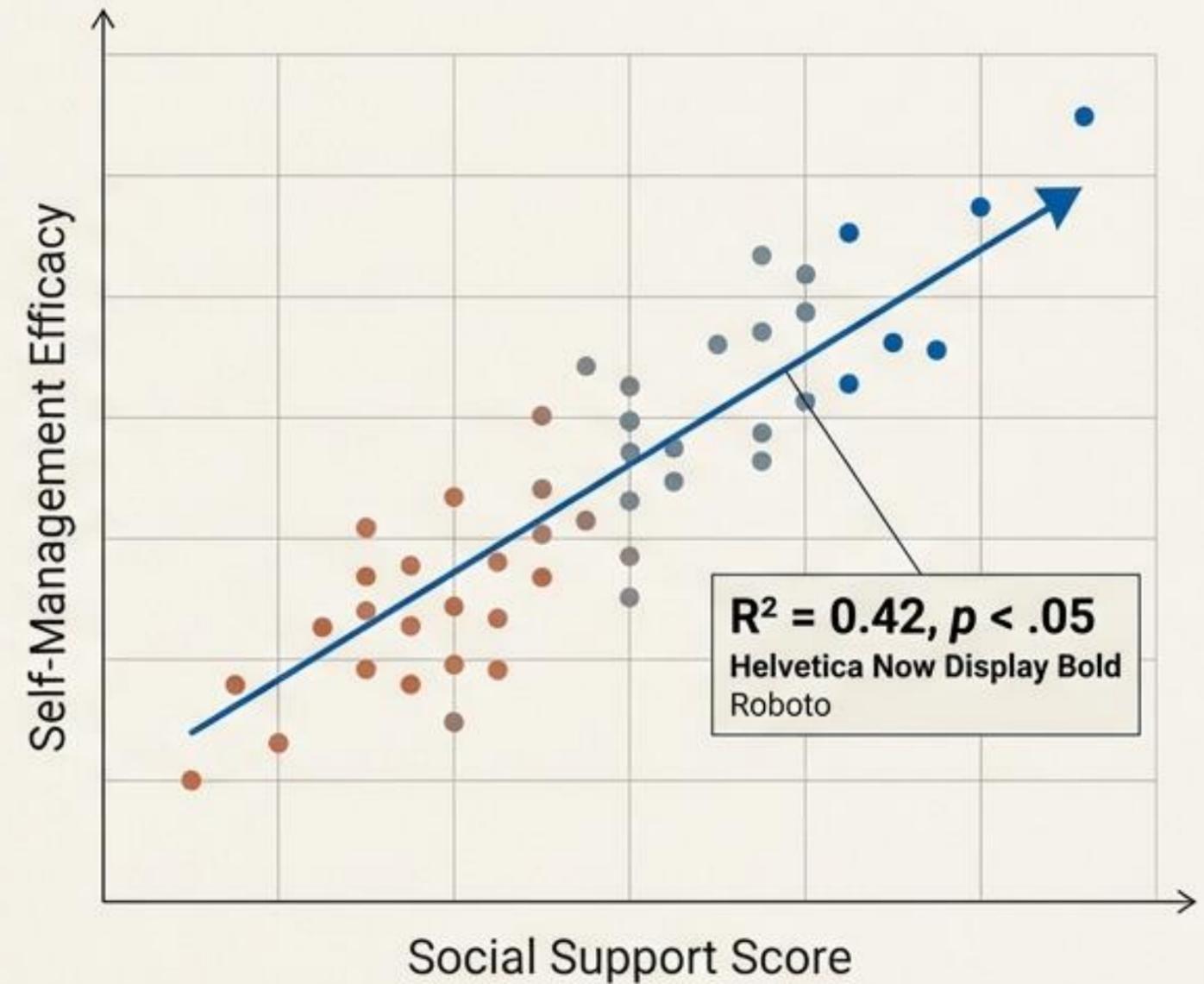
30%

Reduced risk of clinical depression post-NCD diagnosis.

Source: Department of Mental Health (DMH)

Case Study: Evidence from Khon Kaen Province

A Connected Patient is a Compliant Patient



Three Pillars for Scaling Up to Formalized Policy



Data Integration

Transitioning from paper to digital (e.g., “Smart VHV” app) to track social participation as a vital sign.



Formal Training

Standardizing the “Link Worker” curriculum for Public Health Officers to ensure rigorous follow-up.



The Wellness Economy

Partnering with local municipalities (TAOs) to fund community spaces.



The Community is Not Just a Setting, But a Provider of Health

By leveraging the UHC foundation and volunteer force, Thailand effectively institutionalizes the concept of the 'Pharmacy of the Community'.

A Call for a Regional Framework



We invite **collaboration** to develop a **regional social prescribing framework** that honors unique **cultural contexts**.

Thank You.